

# How To Become A Certified EMT In South Carolina Reciprocity Guidelines

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## Reciprocity Guidelines

## **Introduction:**

The following information is provided to all individuals who possess either a National Registry EMT Credential or an EMT (Basic, Intermediate or Paramedic) certification from another state, other than South Carolina, and desire to obtain a South Carolina EMT Certification.

Reciprocity (r\_s\_ e-pr\_s\_-t\_):

1. A reciprocal condition or relationship.
2. A mutual or cooperative interchange of favors or privileges, esp. The exchange of rights or privileges of trade between nations.

The following guidelines have been established in accordance with the EMS laws and Regulations of South Carolina to grant reciprocity (i.e. exchange of rights or privileges) to all candidates who hold an EMT certification from a state other than South Carolina or who possess a National Registry EMT Credential and can document equivalency in training and certification standards equal to or exceeding those of South Carolina.

These rights are granted to the South Carolina Department of Health & Environmental Control, Division of Emergency Medical Services by way of the South Carolina law & regulations dealing with Emergency Medical Services, particularly those laws & regulations dealing with EMT Training & Certification.

## **SC EMS Law & Regulations:**

**SC EMS Law:**           Emergency Medical Services Act of South Carolina -  
Chapter 61, Section 44  
44-61-80

(C) Any person desiring certification as an emergency medical technician must complete the appropriate emergency medical technician course and apply to the Department\*. **The Department shall make a determination of the applicant's qualifications and shall issue the appropriate certificate to the applicant. The National Registry of Emergency Medical Technicians licenses shall be acceptable to obtain a state emergency medical technician's certificate.**

\* The Department of Health and Environmental Control

**SC EMS Regulations:**           South Carolina Emergency Medical Services  
Regulation Number 61-7

## Section VIII (Training & Certification)

### Section 803 (Application for Certification as an Emergency Medical Technician - Basic)

- A. Applications for certification as an emergency medical technician - Basic in South Carolina are to be submitted to the Division of Emergency Medical Services, South Carolina Department of Health and Environmental Control, indicating that the student has satisfactorily completed the required curriculum to include any required clinical experience.

Reciprocity candidates must provide a copy of their out-of-state certificate that has at least six months remaining on it prior to its expiration date, **and have met other requirements as established by the Department. After passing the state examinations, candidates will be issued certificates that expire three years from the issue date of their out-of-state certificate.** National Registry candidates requesting **initial** reciprocity may exempt the state practical and written examinations **provided** they have a certificate that has at least six months remaining on it prior to its expiration date **and have met other requirements as established by the Department.**

- B. Upon receipt of the completed application, practical and written examinations will be given at such times as will be scheduled by the Department. An emergency medical technician - Basic certificate will be issued by the South Carolina Department of Health and Environmental Control upon satisfactory completion of the practical and written examinations, and will be effective for three years from the date of issue. A pocket ID card will be issued along with the Basic certificate and must be in the possession of the EMT-Basic at all times that patient care is rendered.

### Section 804 (Application for certification as an Emergency Medical Technician - Intermediate or Paramedic)

- A. Applications for certification as an EMT-Intermediate or Paramedic in South Carolina are to be submitted to the Division of Emergency Medical Services, South Carolina Department of Health and Environmental Control, using forms provided by the Division of EMS as follows:
  - 1. Candidates completing a South Carolina approved course must provide a certificate application card that indicates satisfactory completion of the course.

2: Candidates applying for certification by reciprocity must provide a certificate application card along with a copy of their out-of-state certificate that has at least six months remaining on it prior to its expiration date **and have met other requirements as established by the Department.** They must also provide statements from a South Carolina licensed provider and the unit medical control physician indicating sponsorship. **After passing the state examinations,** candidates will be issued certificates that expire three years from the out-of-state issue date. **National Registry EMT-Paramedic** candidates requesting reciprocity, may on their **initial** certification, exempt the state practical & written examinations.

**B. Candidates that meet the requirements in “A”above will be permitted to take the state examinations. Candidates that pass the state examinations** will then be issued an intermediate or advanced (ie paramedic) certificate as appropriate by DHEC which will be effective for three years. Candidates from out-of-state will be provided certificates that expire three years from the issue date of the out-of-state certificate. A pocket ID card will be issued along with the EMT-Intermediate or Paramedic certificate and must be in the possession of the EMT-Intermediate or Paramedic at all times that patient care is rendered.

## **South Carolina Certification Examinations:**

South Carolina uses the National Registry EMT Examinations as the standard for certification of EMTs in South Carolina.

In 1994, South Carolina adopted the National Registry of Emergency Medical Technicians practical and written examinations as the South Carolina “state” certification examination for all **initial** South Carolina state certifications of EMT-Intermediates and EMT-Paramedic candidates.

With the additional adoption of the DOT revised 1994 EMT-Basic curriculum in 1995, South Carolina adopted the National Registry of Emergency Medical Technicians practical and written examination for the EMT-Basic as the South Carolina “state” certification examination for all South Carolina state certifications of EMT-Basics, **initial & refresher candidates.**

## **Qualifications for Reciprocity in South Carolina:**

All candidates who meet **all** of the following qualifications may be granted reciprocity as an

EMT (Basic, Intermediate or Paramedic) in South Carolina.

1. The candidate has completed an EMT course which meets or exceeds the Department of Transportation (DOT) curriculum - **and** - can document other training as required by South Carolina for that level of EMT certification.
2. The candidate:
  - A) Possess a **current** EMT-**Basic** certification from a state other than South Carolina, can document training equivalent to the DOT refresher course within the past two-years **and** can become eligible to be Nationally Registered by successfully completing the South Carolina EMT certification examination (i.e. the National Registry of EMTs practical and written examinations), - OR -
  - B) Possess a **current** EMT-**Intermediate** or EMT-**Paramedic** certification from a state other than South Carolina, - OR -
  - C) Possess a **current** National Registry of Emergency Medical Technician's credential (Preferred).
3. The candidate possess a **current** BLS\* credential and, if a paramedic candidate, also possess a **current** ACLS\*\* credential.

\* South Carolina accepts the following BLS credentials:

American Heart Association (AHA) BLS for the Healthcare Provider  
American Red Cross (ARC) CPR for the Professional Rescuer  
American Safety & Health Institute (ASHI) CPR Pro

\*\* South Carolina accepts the following ACLS credentials:

American Heart Association (AHA) ACLS  
American Safety & Health Institute (ASHI) ACLS

Candidates who do not meet **all** of the qualifications as stated above may be granted permission to enter a South Carolina EMT refresher program in order to satisfy the training and examination requirements necessary for national registration and subsequent certification in South Carolina.

## **Out-Of-State EMT Certifications :**

1. **Refresher Course Permission:**

Candidates who hold EMT certifications (any level) from other states (current with **less** than six months remaining or need the additional training as required by SC or their out-of-state certification has **not** been expired for more than one-year\*) may qualify to enter a SC EMT refresher program. You may only request permission to enter a refresher course **at the same level (or lower) than your current or former certification.**

- \* A candidate must successfully pass, both the practical and written, National Registry examinations within two-years of their initial or refresher course completion date -or- within two-years of their state certificate expiration date, **whichever is LESS.** Those candidates who do not successfully complete the National Registry examination process prior to the two-year anniversary of their state certificate expiration date will be required to complete another full EMT course prior to any further attempts of the certification examination.

Perspective candidates must submit the following documentation:

- ◆ A copy of the candidate's out-of-state EMT certificate or certification pocket card.
- ◆ A completed and signed Out-Of-State Reciprocity Verification form (Page 11).
- ◆ A completed and signed Reciprocity Application (Page 12).
- ◆ Prior to being certified in South Carolina, the candidate must also possess a current BLS/ACLS credential

If the out-of-state certification can be verified through that state's EMS office, a letter of permission to enter a SC EMT refresher training program will be mailed to the candidate.

The letter of permission is the candidate's authority to enter the refresher program and, if successful, qualify to take the national registry examination. A reciprocity candidate **will NOT** be permitted to enter an EMT refresher course - **OR** - to take the national registry certification examination **UNLESS** a letter of permission was obtained authorizing them entrance into the refresher program **AND** they have successfully completed the SC EMT refresher training program.

## 2. **Permission to take the SC Certification Examination:**

EMTs who possess a current EMT certification in a state, other than SC, may qualify to take the SC state (i.e. National Registry) certification examination. Requirements are as follows:

- ◆ **Current** certification as an EMT with **at least six (6) months remaining** on their out-of-state certificate and can document training (complete initial or refresher) within the past two years.

- ◆ Completed national registry application. Applications may be downloaded from the National Registry website, ([www.nremt.org](http://www.nremt.org)).
- ◆ Completed reciprocity application submitted with a copy of your out-of-state EMT certificate or pocket card .
- ◆ A copy of the candidate's current BLS credential or pocket card. Paramedic candidates must also submit a copy of their current ACLS credential.

In addition to the above, EMT-Basics & EMT-Intermediates must also submit the following course documentation:

**EMT-Basic:**

Submit a **detailed course outline** of your most recent D.O.T. course (initial or refresher) equivalent to the 1994 D.O.T. EMT-Basic curriculum which **indicates training in orotracheal intubation (ET) & IV maintenance. Speciality training (i.e. ACLS, etc.) is NOT acceptable.** You must also provide proof of course completion within the past two-years.

**If you can NOT document training in orotracheal intubation & IV maintenance - You must successfully complete one of the following prior to taking the SC state (National Registry) certification examination:**

Successfully complete a SC approved EMT-Basic \*Refresher Course. Courses are taught through the local technical / vocational schools. A certificate of course completion will be required.

Successfully complete the required training modules (Orotracheal Intubation & IV Maintenance) through a SC state-approved training institution. A certificate of course completion will be required.

**EMT-Intermediate:**

Submit a **detailed course outline** of your most recent D.O.T. course (initial or refresher) which indicates training in **endotracheal intubation (ET) - AND- intraosseous infusion (IO).** **Speciality training (i.e. ACLS, PALS, etc.) is NOT acceptable for documentation of ET or IO training.** You must also provide proof of course completion within the past two-years.

**If you can NOT document training in endotracheal intubation (ET) & intraosseous infusion (IO) - You must successfully complete one of the following prior to taking the SC certification examination:**

Successfully complete a SC approved EMT- Intermediate \*Refresher

Course. Courses are taught through state-approved training center. A certificate of course completion will be required.

Successfully complete the required training modules (Endotracheal Intubation & Intraosseous Infusion ) through a SC state-approved training institution. A certificate of course completion will be required.

Once the above documentation has been received, you will be granted the opportunity to challenge the SC EMT State (National Registry) Certification Examination (written & practical) and upon submission of a properly completed *Certificate Application\** (white, green or blue) *Card*, which will be sent to along with your letter of permission to take the examination, and your successful completion of the National Registry Examination, you will receive a SC state certification.

- \* Intermediate & paramedic candidates who successfully pass the state (National Registry) written and practical examination must gain **sponsorship** from a SC licensed EMS director AND that provider's medical control physician **before** state certification can be granted.

### **Nationally Registered EMTs : (Direct Reciprocity)**

Candidates who possess a current National Registry EMT credential and have at least six months remaining on the credential may be granted **direct reciprocity**. These candidates must submit **all** of the following documentation:

#### **All Candidates:**

- ◆ A copy of the candidate's National Registry EMT certificate or National Registry pocket card to include your Registry Grade Sheet.
- ◆ A completed and signed Reciprocity Application (Page 12).
- ◆ A copy of the candidate's BLS credential or pocket card.

In addition to the above, the following is also required:

- ◆ **EMT-Basic:** Submit a **detailed course outline** of your most recent D.O.T. course (initial or refresher) equivalent to the 1994 D.O.T. EMT-Basic curriculum which **indicates training in orotracheal intubation (ET) & IV maintenance**.



**Speciality training** (i.e. ACLS, etc.) is **NOT** acceptable for documentation of ET or IV training.

- ◆ **EMT-Intermediate:** Submit a **detailed course outline** of your most recent D.O.T. course (initial or refresher) which indicates training in **endotracheal intubation (ET)** - AND- **intraosseous infusion (IO)**. **Speciality training** (i.e. ACLS, PALS, etc.) is **NOT** acceptable for documentation of ET or IO training.
- ◆ **EMT-Paramedic:** A copy of the candidate's ACLS credential or pocket card.

Once the above documentation has been received, the candidate will be sent a *Certificate Application* (white, green or blue) *Card* which must be completed, to include **all required endorsements\*** and returned.

- \* Intermediate & paramedic candidates must gain **sponsorship** from a SC licensed EMS director AND that provider's medical control physician **before** state certification can be granted.

## **Other Candidates - Nurses / Military Medics:**

Registered Nurses and Military candidates may qualify to enter a SC EMT refresher course. The following information must be submitted:

**Nurses:** (Registered Nurses Only - Other Nursing Credentials, i.e.LPN, etc., are not acceptable)

- ◆ A completed and signed Reciprocity Application (Page 12).
- ◆ A copy of the candidate's **Registered Nurse** license.
- ◆ A resume which details critical care experience (i.e. Emergency Room, ICU, CCU, etc.)
- ◆ Prior to being certified in South Carolina, the candidate must also possess a current BLS & ACLS credential.

Upon receipt of the above documentation, the candidate will be sent a letter of permission to enter a SC refresher course of any level (Basic, Intermediate or Paramedic). After successful completion of the course, the candidate must successfully pass the appropriate SC state certification examination and have a properly completed and signed *Certificate Application* (white, green, or blue) *Card* (which is provided during the course) prior to receiving a SC state EMT certification.

## **Military Medics:**

- ◆ A completed and signed Reciprocity Application (Page 12).

- ◆ A copy of the candidate's Military Medic's credential (i.e. 91A, 91B, 91W, DD-214, etc.)
- ◆ Any documentation which details the content of your medical training.
- ◆ Prior to being certified in South Carolina the candidate must also possess a current BLS card.

Upon receipt of the above documentation, the candidate will be sent a letter of permission to enter a SC EMT-**Basic** refresher course. After successful completion of the course, the candidate must successfully pass the SC state (i.e. National Registry) EMT-Basic certification examination and have a properly completed and signed *Certificate Application* (white) *Card* (which is provided during the course) prior to receiving a SC state EMT certification.

**South Carolina Department of Health and Environmental Control  
Division of Emergency Medical Services  
Out-Of-State Reciprocity Verification Form**

**Candidate:**

Complete **Section I** - and - **Mail this form to the state EMS office where you received your current certification.**

<b>Section I: To be completed by the candidate seeking reciprocity</b>					
Name		Social Security Number			
Mailing Address					
City		State	Zip Code		
Area Code & Phone #	Certification Level	/ Certification Number	/ Expiration Date		
<b>Section II: To be completed by the state EMS certifying agency</b>					
<b>Section II must be completed by the state EMS office where you received your current certification.</b>					
<p><i>The above individual has applied for reciprocity in <b>South Carolina</b>. Please complete the following and either <b>fax</b> the form to (803-545-4989 attn: EMS Division) -OR- mail to SC DHEC EMS Division, 2600 Bull Street, Columbia, SC 29201.</i></p>					
<p>1) Indicate <b>current</b> certification level of candidate: _____  <i>If <b>other</b> than an EMT-Basic, EMT-Intermediate or EMT-Paramedic, please include a description of training and approved skills.</i></p>					
<p>2) Candidates certificate expiration date: _____</p>					
<p>3) If the candidate (<b>Basic or Intermediate</b>) received initial of refresher training in your state, please indicate all the following which applies:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>EMT-Basic</b></p> <p><input type="checkbox"/> EMT-Basic 1994 DOT Curriculum</p> <p><input type="checkbox"/> IV Maintenance</p> <p><input type="checkbox"/> Endotracheal Intubation</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>EMT-Intermediate</b></p> <p><input type="checkbox"/> DOT Initial or Refresher course _____</p> <p><input type="checkbox"/> Endotracheal Intubation _____ Date of course</p> <p><input type="checkbox"/> Intraosseous Infusion</p> </td> </tr> </table>				<p><b>EMT-Basic</b></p> <p><input type="checkbox"/> EMT-Basic 1994 DOT Curriculum</p> <p><input type="checkbox"/> IV Maintenance</p> <p><input type="checkbox"/> Endotracheal Intubation</p>	<p><b>EMT-Intermediate</b></p> <p><input type="checkbox"/> DOT Initial or Refresher course _____</p> <p><input type="checkbox"/> Endotracheal Intubation _____ Date of course</p> <p><input type="checkbox"/> Intraosseous Infusion</p>
<p><b>EMT-Basic</b></p> <p><input type="checkbox"/> EMT-Basic 1994 DOT Curriculum</p> <p><input type="checkbox"/> IV Maintenance</p> <p><input type="checkbox"/> Endotracheal Intubation</p>	<p><b>EMT-Intermediate</b></p> <p><input type="checkbox"/> DOT Initial or Refresher course _____</p> <p><input type="checkbox"/> Endotracheal Intubation _____ Date of course</p> <p><input type="checkbox"/> Intraosseous Infusion</p>				
<p>4) Has this candidate ever had his/her certification revoked or suspended? _____ <i>(If <b>Yes</b> attach details.)</i></p>					
<p>5) Has this candidate ever been convicted of a felony? <input type="checkbox"/> Yes, <input type="checkbox"/> No, <input type="checkbox"/> Unknown <i>(If <b>Yes</b> attach details.)</i></p>					
<p>6) Was this candidate's certification issued based on reciprocity from another state? _____</p> <p style="margin-left: 40px;">If <b>Yes</b>, Which state: _____ When: _____</p> <p style="margin-left: 40px;">If <b>Yes</b>, Has this candidate received refresher training in your state? <input type="checkbox"/> No, <input type="checkbox"/> Yes _____</p> <p style="text-align: right; margin-right: 100px;">Date of Training</p>					
<p>7) Any reason why this candidate should <b>Not</b> be granted reciprocity? _____ <i>(If <b>Yes</b> attach details.)</i></p>					
Name (Print) of <b>state</b> official completing form		Title			
Signature of <b>state</b> official completing form		Telephone Number			
Your State					

## Reciprocity Application

\_\_\_\_\_  
Candidate's Name (**Print or Type**)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Candidate's Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

**(CHECK ONE - BE SURE TO ENCLOSE ALL REQUIRED DOCUMENTATION)**

EMT-Basic \*      [   ]

EMT-Intermediate\*      [   ]

EMT- Paramedic\*      [   ]

Nurse : (***RN only***)      [   ]

Military Medics[   ]

*\*You **MUST** be (or have been) **certified** (Out-Of-State -or- Nationally Registered) at the **same level** of reciprocity you are requesting.*

***Application packets MUST contain ALL required documentation. Incomplete packets will be returned.***

*I VERIFY ALL THE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE ENCLOSED ALL REQUIRED DOCUMENTATION NECESSARY FOR THE LEVEL OF REFRESHER TRAINING OR RECIPROCITY THAT I SEEK. I UNDERSTAND THAT MY REQUEST WILL NOT BE PROCESSED UNTIL A COMPLETED APPLICATION PACKET IS RECEIVED BY THE STATE EMS OFFICE.*

\_\_\_\_\_  
**Signature** of candidate

\_\_\_\_\_  
Date

Return the completed application will ALL DOCUMENTATION to:

**SC DHEC, EMS Division  
2600 Bull Street  
Columbia, SC 29201**

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